

APPLICATION DATA SHEET**Application Information**

Application Number:: Not yet assigned
Filing Date:: Herewith
Application Type:: Regular
Subject Matter:: Utility
CD-ROM or CD-R?:: None
Title:: Delivering Material to a Patient
Attorney Docket Number:: BSC-176DV
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: 2a
Total Drawing Sheets:: 8
Small Entity?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: John
Middle Name:: A.
Family Name:: Griego
City of Residence:: Blackstone
State or Province of Residence:: MA
Country of Residence:: USA
Street of Mailing Address:: 46 Roberta Road
City of Mailing Address:: Blackstone
State or Province of Mailing Address:: MA
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 01504

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Marcia
Family Name:: Buiser
City of Residence:: Brighton
State or Province of Residence:: MA
Country of Residence:: USA
Street of Mailing Address:: 94 Nottinghill Road
City of Mailing Address:: Brighton
State or Province of Mailing Address:: MA
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 02135

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Carla
Middle Name:: M.
Family Name:: Wiese
City of Residence:: Newton
State or Province of Residence:: MA
Country of Residence:: USA
Street of Mailing Address:: 172 Park Street
City of Mailing Address:: Newton
State or Province of Mailing Address:: MA
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 02458

Correspondence Information

Correspondence Customer Number:: 021323

Representative Information

Representative Customer Number:: 021323

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Divisional of	09/928,779	08/13/01

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
		MM/DD/YY	

Assignee Information

Assignee Name:: Scimed Life Systems, Inc.

City of Mailing Address:: Maple Grove

State or Province of Mailing Address:: Minnesota

Country of Mailing Address:: USA